

CLAIMS ONLY				Application Number <div style="font-size: 24pt; font-family: cursive;">10/053659</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

Application Number
10/053659

Filing Date

Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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48	1					
49		1				
50		1				
Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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54	1	1				
55		1				
56		1				
57		1				
58		1				
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93		1				
94		1				
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97		1				
98		1				
99		1				
100						
Total Indep	8					
Total Depend	45					
Total Claims	53					